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Utah Medicaid HMOs: *A Guide for Consumers*

Limited Release

Dear Medicaid HMO Client:

Selecting the right HMO plan for you and your family is an important decision. Utah's Medicaid agency offers you a choice of HMO plans. It is providing this HMO report card information about these plans to test what type of information is most useful to Medicaid clients when selecting an HMO plan,

This report provides information about how HMOs work. It highlights how four HMOs compared in patient satisfaction ratings. It shows how they performed in providing care to Medicaid clients. This information will help you talk with your HMO representatives, your Medicaid Representative, and your doctor about your health care needs. By requiring HMO plans to report information about the quality of care they provide, it helps improve the care you receive by assuring that only the highest-quality plans participate with Utah's Medicaid program.

The data were audited for accuracy, but keep in mind that this HMO report card has limitations. This is the first year of this type of publication. The HMOs in this booklet had contracts with Utah's Medicaid program in 1996. **Since this report was developed, two new plans, American Family Care and the University Health Network are taking new Medicaid clients and another, PacifiCare of Utah, will change ownership.**

Receiving high quality care from your HMO plan and your doctor is your right. I am pleased to present this first Medicaid HMO "report card", *Utah Medicaid HMOs: A Guide for Consumers*. This is the first in a series of reports designed to help Medicaid clients choose the plan that best meets their needs.

Sincerely,

Michael J. Deily
Michael Deily

Director, Utah Division of Health Care Financing



Health Maintenance Organizations

A Health Maintenance Organization (HMO) offers pre-paid, comprehensive health coverage for hospital, doctor, and other medical services. The HMO contracts with certain doctors and hospitals and they all work together to provide care to the members of the HMO. This booklet will help you compare different aspects of HMO plans that enrolled Medicaid clients in 1996. Please feel free to use this information, along with other information from your caseworker, Medicaid Health Program

Representative, doctor, family, and friends to select the plan that's right for you and your family.

What is Medicaid? Medicaid pays medical bills for eligible people with low incomes or for those unable to afford the cost of health care. Medicaid is administered by the Utah Department of Health and medical benefits are paid with federal and state tax dollars.

How Medicaid HMOs Work

Choosing an HMO

If you are a Medicaid client living in Weber, Davis, Salt Lake, or Utah county, you will be given a choice of Health Maintenance Organizations (HMOs). The HMO that you select provides for your medical services and may also provide for your dental needs. If you wish to change from the HMO listed on your Medicaid card to another, let your Health Program Representative (HPR) know by the 20th of the month, in order to have it changed for the following month. Decide what is most important to you and your family--they may have special needs. Use the HMO report card information in this book, including the worksheet at the back of the book, to help select the right plan for you. You may want to ask your family and friends how they like their HMO plan.

Choosing a Doctor

The HMO you select may require that you select a primary care physician (PCP) for you and/or your children. You can get from each HMO the list of doctors working with that HMO plan. You may wish to choose a doctor who already knows you and your family or one that has an office close to your home or work, as long as they are on your HMO's list.

Seeing a Specialist

When your doctor finds a problem that needs special treatment, you may be referred to a specialist. Your HMO or doctor will give you a written or telephone referral to see the specialist. Make sure you know your HMO's policies for seeing a specialist ahead of time, or you may be responsible for paying for a "self-referred" visit.

Prior Approval for Care

Certain services require approval from the HMO before you get care in order to have your HMO pay for them. The doctor, clinic, or hospital will request this authorization from the HMO. If your request for prior approval should be denied by your HMO, and you believe this to be unfair, you must go through the HMO's grievance process. If you disagree with the HMO's final decision, you may appeal that decision by filing for a formal hearing with the Medicaid Agency (see numbers to call on page 15: Medicaid Information Line).

Remember: It is important for you to understand the role of your HMO and your primary care doctor. It is your responsibility to see that you use the services wisely.



Sources of Information

This report is a collaborative effort between Utah's HMOs, The Utah Department of Health, and Utah's Health Data Committee. It is intended to help consumers be more aware and also to assist health plans in their efforts to improve service and care. The information presented in this report comes from two sources:

Utah's 1996 HMO enrollee satisfaction survey: From June to October, 1996, over 2,000 Medicaid clients were contacted by telephone and asked in-depth questions about how satisfied they were with their HMOs. This survey was administered by DataStat, Inc., an independent survey research firm.

HMO plans participating in the 1996 survey include:
Blue Cross/Blue Shield of Utah (MedUtah)
FHP of Utah (purchased by PacificCare of Utah, Feb., 1997)
Intergroup of Utah (no longer contracts with Medicaid and is not included in this report)
Intermountain Health Care (IHC Access)
United HealthCare of Utah (MedChoice)

HMO's HEDIS® Performance Measures: Also included in this report is information collected from a set of HMO performance measurements called "HEDIS". HEDIS measures were developed by the National Committee for Quality Assurance (NCQA*) to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. NCQA also conducted an audit to verify the accuracy of the HEDIS data presented in this report.

For additional copies of this brochure, please call (801)538-7048. This report is also available on the Office of Health Data Analysis' internet site at <http://hlunix.hl.state.ut.us/hda/>.

Participating Utah HMO Plans

HMO plans participating in this HEDIS project included:

- ◆ **Blue Cross/Blue Shield of Utah (MedUtah)**
- ◆ **FHP of Utah** (purchased by PacificCare of Utah, Feb. 1997)
-- withdrew from the audit and public reporting process for the 1996 reporting year.
- ◆ **Intermountain Health Care (IHC Access)**
- ◆ **United HealthCare of Utah (MedChoice)**

A list of HMOs is included at the back of this report, with phone numbers and enrollment numbers. Only HMOs contracting with Medicaid in 1996 were included in this report. PacificCare of Utah (formerly FHP) participated in the enrollee satisfaction survey but withdrew from the HEDIS audit.

Acknowledgments

Utah Department of Health

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Richard Melton	Director
Scott Williams	Deputy Director

Health Data Committee

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Sandra L. Peck	Consumer Advocacy
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Keith Petersen	HMO Representative
Dennis Tolley	Academic Public Health
Michael J. Stapley	3rd Party Payer

Note: HEDIS® (Health Plan Employer Data and Information Set) is a registered trademark of the National Committee for Quality Assurance (NCQA*).

*NCQA is a nonprofit organization that assesses, measures, and reports on the quality of care provided by the nation's HMOs.



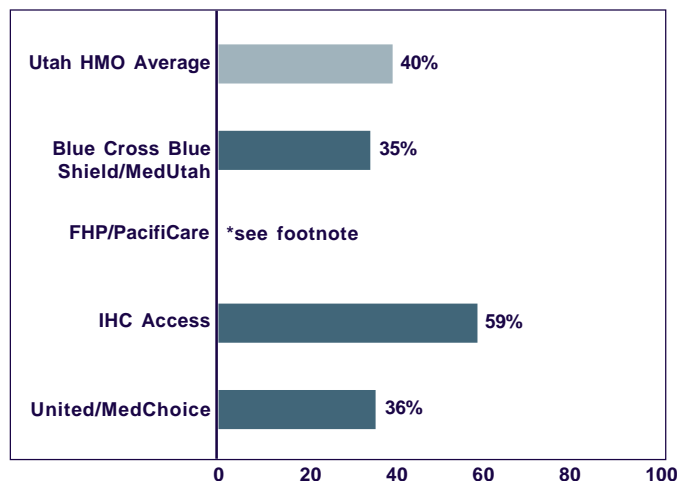
How to use this booklet

The data presented here have limitations and should be thoughtfully considered along with information from your doctor, family, and friends. Ask your Medicaid Health Program Representative for more information about your HMOs,

medical coverage, and doctors and hospitals that accept Medicaid. Also, in the future, when more information is available, you may wish to watch and see if your HMO's performance changes over time.

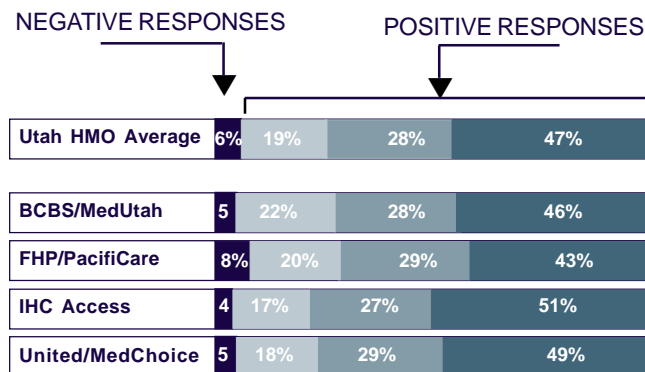
HOW TO READ THE GRAPHS:

Bar graphs like the one shown below display the percentage of HMO members represented in each HMO performance measurement. The bar at the top of each chart represents the average for all participating HMOs.



*FHP/PacifiCare withdrew from public reporting

"Stacked bar graphs" (as shown below) show the satisfaction survey results with a bar at the top for the Utah HMO average and a bar for each participating HMO. Shown on the right hand side (shades of green) are the percentages of Medicaid clients who gave "good", "very good", or "excellent" (positive) ratings to the survey question on that page. The dark purple bar on the left shows the percentage of Medicaid clients who gave "poor" or "fair" (negative) ratings to the survey questions





Quality of HMO Service

It's important to find an HMO plan that works with you to maintain your health. HMO plans are responsible for how well their system communicates and works together to serve their members. The graphs on this page show how Utah's Medicaid clients

felt about their HMO's service and quality of care. Information on this page is the result of the 1996 Utah Medicaid HMO Enrollee Satisfaction Survey.

Overall satisfaction

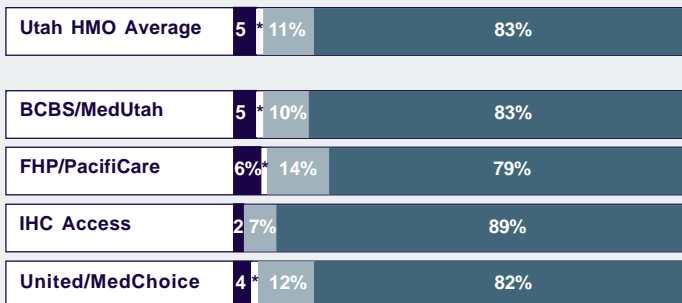
Medicaid clients were asked how satisfied they were, in general, with their HMO plans, taking into consideration their feelings about their medical care, the HMO's service, and the types of benefits they received. About four out of every five Medicaid HMO enrollees reported that they were either very or completely satisfied with their health plan.

Communication among HMO staff and providers

Managed care plans are made up of networks of doctors, other health professionals, and health facilities working together to coordinate the care of their enrollees. If these people communicate well with each other, then they are more likely to give you better health care. Four out of every five respondents said their HMO staff and providers were "excellent", "very good", or "good" in coordinating efforts to provide care and services.

Percentage who said they were:

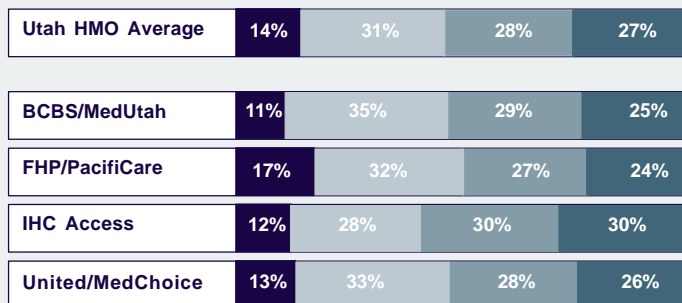
completely, very or somewhat dissatisfied	neither satisfied nor dissatisfied	somewhat satisfied	completely or very satisfied
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* indicates the response was between 1% and 2%

Percent who said communication was:

poor or fair	good	very good	excellent
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Note: Percentages may not add up to 100% due to rounding.

Enrollees with no visits to a health care provider or hospital stay during the past 12 months were excluded from the calculation.



Quality of HMO Service

Getting medical services and care that meets your needs usually starts with finding the right physician to coordinate your care. After you choose your personal physician, you need to know how to get access to care when you become sick.

The graphs on this page show how Utah's Medicaid HMO clients felt about the ease in choosing their personal physician and getting access to care and services. This, also, is information from the 1996 Utah Medicaid HMO Enrollee Satisfaction Survey.

Ease in choosing a personal physician

Choosing a personal physician is one of the most important decisions you will make. You may want to look for a physician close to home or work; then, find out whether he or she contracts with your HMO. About four out of every five Medicaid respondents said they had found it easy to select a doctor in their HMO.

Friendliness and courtesy shown by doctor and staff

You need to feel comfortable when calling your doctor or visiting his or her office. A helpful and caring staff makes seeking care much easier and more pleasant. The doctor's office staff and the HMO representatives can help you with questions you have about scheduling appointments and about your medical benefits. This graph shows how Medicaid HMO clients felt about the friendliness and courtesy of their doctor and staff.

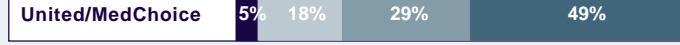
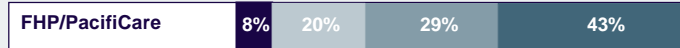
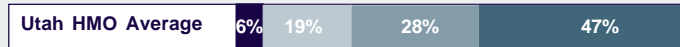
Percent who said ease in choosing a personal physician was:

poor or fair	good	very good	excellent
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Percent who said friendliness and courtesy was:

poor or fair	good	very good	excellent
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Access to Routine Care

Information on this page is a result of the 1996 HEDIS Performance Measurement project. The results were audited by an independent audit agency.

Adults' access to preventive/ambulatory care

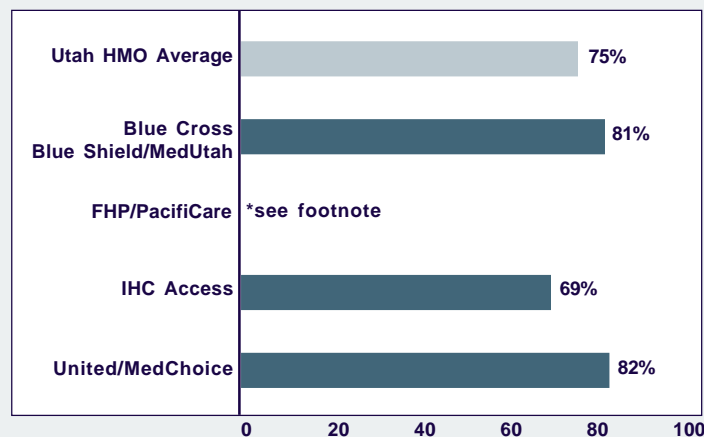
Providing access to medical care and services is one of the most important aspects of Medicaid services. Medicaid HMOs provide coverage for general health services including preventive and ambulatory care to all of their clients.

Examples of a preventative or ambulatory visit include:

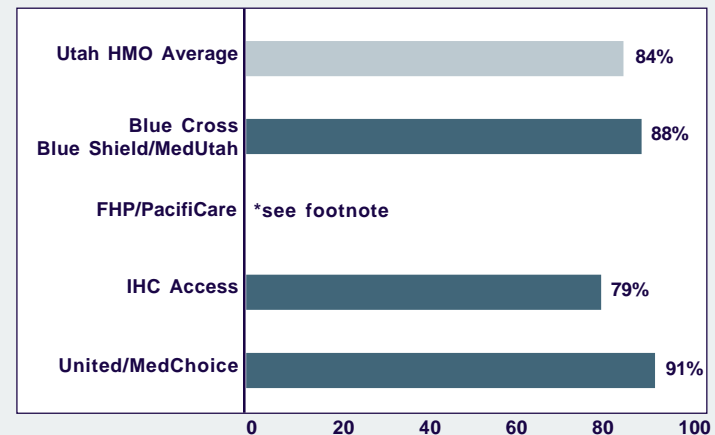
- evaluation of a urinary tract infection;
- a followup visit for arthritis or low-back pain; or
- a home health visit or eye examination.

These graphs display the percentage of Medicaid clients who received general health care services in 1996.

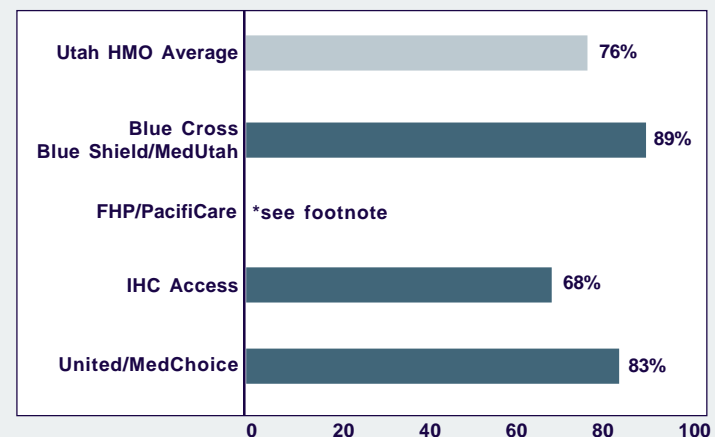
Adults 20 - 44 Years of Age



Adults 45 - 64 Years of Age



Adults 65 Years or Older



*FHP/Pacificare withdrew from public reporting



Access to Routine Care

Information on this page is a result of the 1996 HEDIS Performance Measurement project. The results were audited by an independent audit agency.

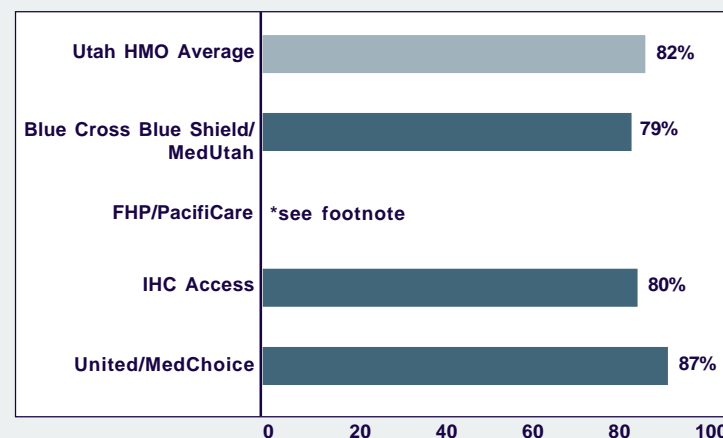
Children's access to preventive/ambulatory care

Receiving general health services is an indication of how easy it is to get access to care and services that your children might need. Medicaid HMOs provide services for preventive and ambulatory care for children enrolled in the Medicaid program. Parents are encouraged to take the responsibility to make sure their children receive the medical care they need. In 1996, more than four out of five children enrolled in the reporting Medicaid HMOs received treatment as part of preventative and general health services.

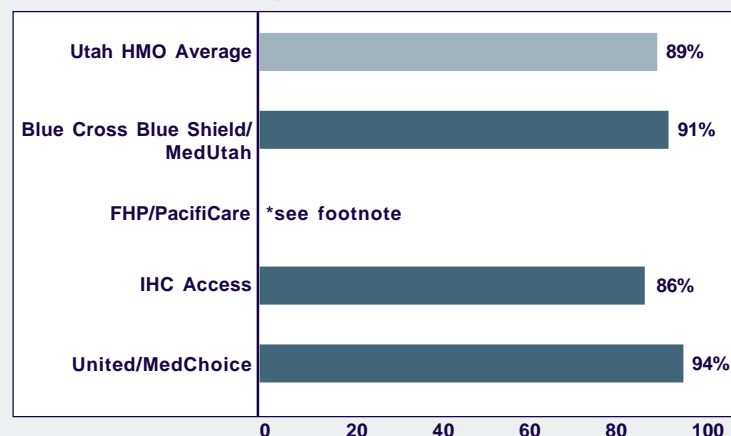
Examples of children's preventative or ambulatory care include:

- an office visit for chronic ear infection;
- a well-child check up or health counseling for an infant, child, or adolescent.

Children 12 - 24 months old



Children 25 months - 6 years old



*FHP/PacifiCare withdrew from public reporting



Helping to Keep You Healthy

Women have unique health needs during their life cycles. Remaining in good health during the childbearing years and preparing for a healthy menopause is not always easy. Eating nutritiously, exercising, quitting smoking, and getting regular checkups are all important. Knowing your medical history and sharing concerns with your doctor will help

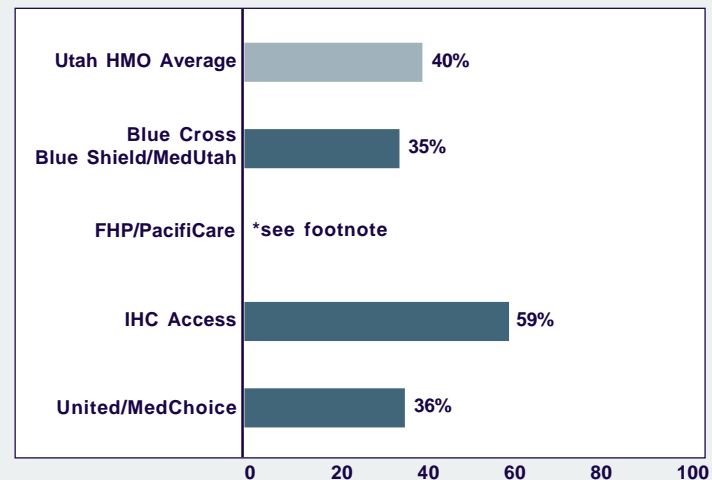
assure that you get the medical care and treatment that's just right for you - including Pap smears and breast mammographies on a schedule that matches your age and medical history. Information on this page is a result of the 1996 HEDIS Performance Measurement project and was audited by an independent audit agency.

Cervical Cancer Screening

If caught at an early stage, cervical cancer is usually treatable. See your doctor for a Pap smear test, which can help prevent more serious problems or even death.

Many medical professionals recommend that women who have reached age 18 or who are or have been sexually active should have Pap smears annually. Ask your doctor for the screening schedule that is best for you.

This graph shows the percentage of women in Utah, age 21 to 64, who had at least one Pap smear during the past three years.



*FHP/Pacificare withdrew from public reporting



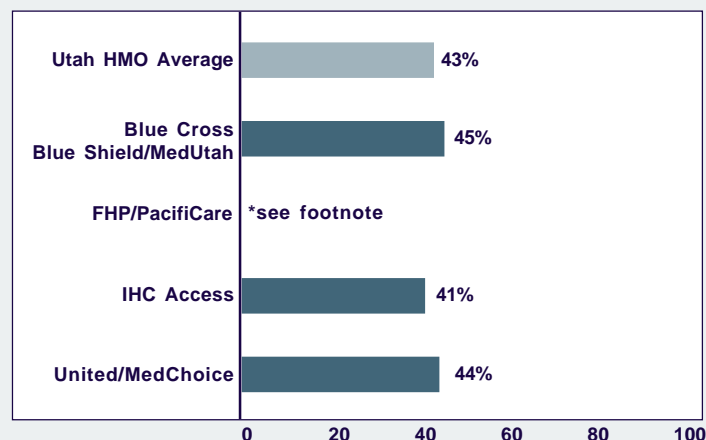
Helping to Keep You Healthy

HMOs are interested in keeping you healthy and the best HMOs work hard to assure that you are able to see your doctor for preventive services. Parents are encouraged to take responsibility in making sure that their children receive checkups

and immunizations on schedule. Information on this page is the result of the 1996 HEDIS Performance Measurement project; the results were audited by an independent audit agency.

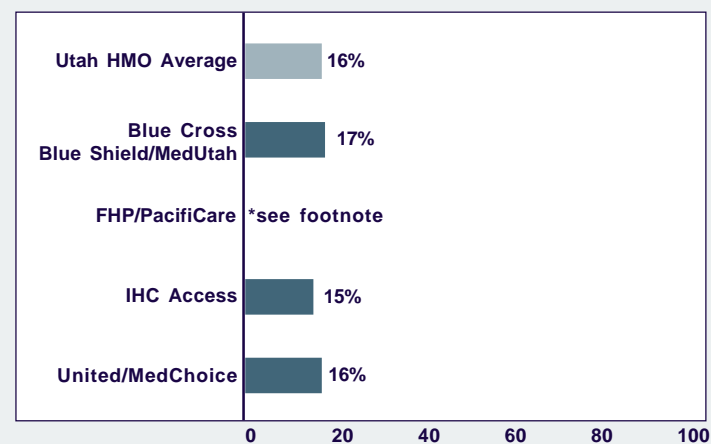
Well-Child Visits for Children 3 - 6 years old

The American Academy of Pediatrics recommends annual check-ups for children from 3 to 6 years old. Regular visits to the pediatrician are a key part of preventive health care. A checkup will give your child's pediatrician a chance to update immunizations, track your child's growth and development, find physical problems before they become serious, and help inform you on how to keep your child healthy and safe. This graph shows the percentage of children 3 to 6 years old who had at least one well child visit in 1996.



Adolescent Well-Care Visits

Your teenagers require health services and care different from that of adults or children. They also need privacy when visiting a doctor, both during the physical exam and while talking about health issues. A well care visit is important for your teens in getting preventive care. The physician can also help you monitor the physical, emotional, and social development of your teens. Only 16% of adolescents had a well-care visit in 1996.





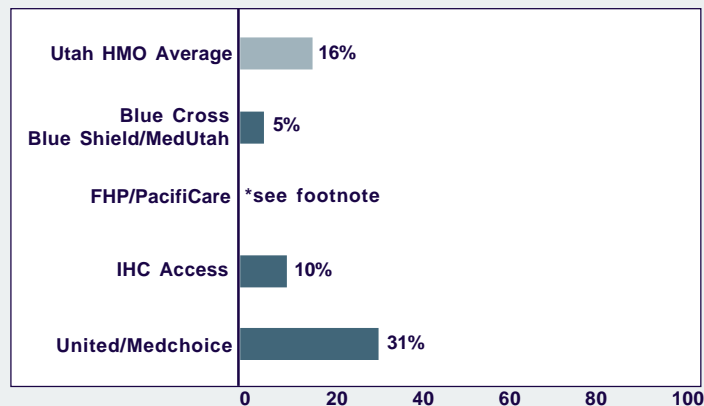
Helping to Keep You Healthy

It is very important for young children to receive appropriate well-child checkups. Parents have a responsibility to make and keep appointments for this care for their children. An immunization schedule for children is provided in this booklet (see

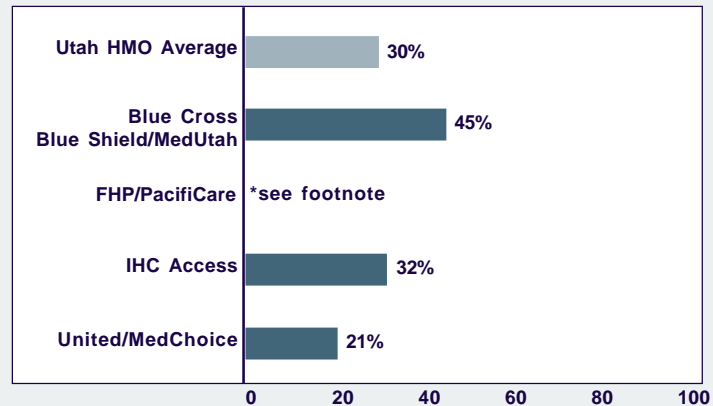
page 12). Information below is the result of the 1996 HEDIS Performance Measure project. The results were audited by an independent audit agency.

Well-Child Visits for the first 15 months of life

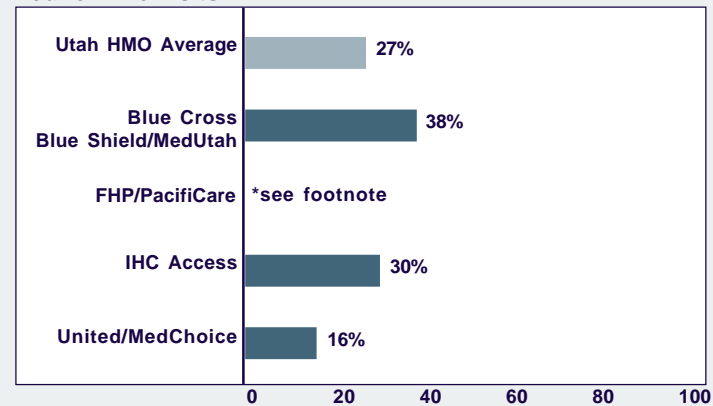
Had No Visits



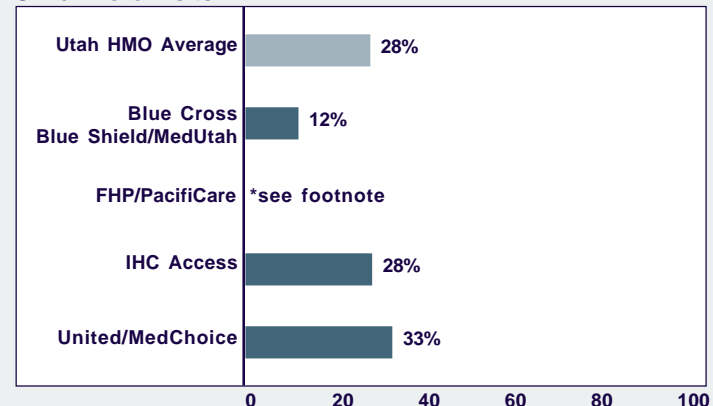
From One to Three Visits



Four or Five Visits



Six or More Visits



*FHP/PacifiCare withdrew from public reporting



Helping to Keep You Healthy

Vaccines can help prevent many childhood diseases. Preschool children are the most likely to get dangerous diseases like whooping cough, hepatitis and meningitis. Children should get most of their vaccinations during their first two

years of life, starting shortly after birth. The American Academy of Pediatrics says that your child needs all of the following vaccinations to stay healthy. The schedule below shows what vaccines your child needs at each age.

AGE	DTP	Polio	MMR	HBV	Hib	Td	VZV
Birth				✓			
1-2 Months				✓			
2 Months	✓	✓			✓		
4 Months	✓	✓			✓		
6 Months	✓				✓		
6-18 Months		✓		✓			
12-15 Months			✓		✓		✓
15-18 Months	✓						
4-6 Years	✓	✓					
11-12 Years			✓	✓			
14-16 Years				✓			
Every 10 years after						✓	

DTP and DTaP: Protects against diphtheria, tetanus and pertussis (whooping cough).

Polio: Two polio vaccines are currently licensed in the U.S.: Oral Polio Virus Vaccine (OPV) and Inactivated Poliovirus Vaccine (IPV).

MMR: Protects against measles, mumps and rubella.

HBV: Protects against hepatitis B, which causes liver disease.

Hib: Protects against *Hemophilus influenza type b*, a major cause of spinal meningitis.

Td: Subsequent routine vaccine every 10 years to help protect against diphtheria, tetanus, and pertussis.

VZV: Protects against chicken pox.



Your Personal Worksheet

This brochure provides information from Medicaid client's satisfaction survey results and HEDIS performance measures. You are encouraged to seek additional information from your Medicaid Health Program Representative, doctor, family

and friends. This worksheet will help you organize the information you have received about Medicaid HMOs.

HMO	Which HMO providers are available where you live or work?	Which HMOs include your preferred doctor or health care provider?	Which HMOs have doctors who speak your native language?	Which HMOs scored well based on information in this booklet? Review the information from each section of this booklet. For each section check the HMO that you think performed the best.			
				HMO Service	Providing Patient Care	Helping to Keep People Healthy	Caring for the Sick
BCBS/MedUtah							
FHP/PacifiCare							
IHC Access							
United/MedChoice							
American Family Care							
University Health Network							



Getting More Information

If you have concerns about your treatment or feel you have been denied health services, please call your HMO. They will explain how to file a grievance. You will need to go through all steps of the HMO's grievance process. If you disagree with the HMO's final decision, you may appeal that decision by filing a formal hearing with the Medicaid agency. The follow-

ing list gives the names and telephone numbers for general information and member services for Medicaid HMOs included in this report. Information on this page is self-reported by each HMO. For more information about provider networks, please contact your HMOs.

HMO	Medicaid Plan	Telephone Number	Medicaid Proportion of each HMO	Number of Primary Care Providers	Number of Physician Specialists	Number of Hospitals	Areas Served
FHP/PacifiCare	PHS Select and PHS (or FHP)	323-6200 or 1-800-377-4161	10%	598	1078	26	Weber, Davis, Salt Lake & Utah
IHC	IHC Access For Vision Service Plan Urgent care --24-hour Nurseline:	1-800-442-9023 1-800-622-7444 975-9969	8%	594	776	8	Weber, Davis, Salt Lake & Utah
Blue Cross/ Blue Shield	MedUtah	481-6176 or 1-800-624-6519	34%	350	520	6	Salt Lake
United	MedChoice Urgent care -- 24 hour Nurseline:	944-7010 or 1-800-401-0666 1-800-269-1275	13%	684	882	12	Weber. Davis & Utah



Getting More Information

Resources	Telephone Number
Additional resources provided by Department of Health:	
For more information about HMO patient satisfaction survey and “report card” results, call Utah Office of Health Data Analysis: Or visit the UHDA’s web site at:	(801) 538-7048 http://hlunix.hl.state.ut.us/hda/
Check Your Health Hotline (Health-related information and referral):	1-888-222-2542 Mon. - Fri. 8:00am to 5:00pm
Baby Your Baby Hotline (Prenatal and Child Health Care Information):	1-800-826-9662 Mon. - Fri. 8:00am to 5:00pm
Additional Medicaid benefits:	
Medical Transportation (includes bus passes): For special approval to use taxi, FlexTrans, etc.	Call your case worker for a bus pass. Call Medicaid Information Line at 538-6155 or 1-800-662-9651
Emergency ambulance use (must be reported directly to your HMO as soon as possible.)	HMO customer service phone numbers are on page 14.
Other Medicaid benefits not covered by HMOs:	
Pharmacy:	Medicaid clients may receive covered services from any pharmacist who is Medicaid provider. Call Medicaid Information Line at 538-6155 or 1-800-662-9651 for more information.
Mental Health (including transportation):	Contact your mental health plan for information: Davis County: Davis Mental Health at 451-7799 Salt Lake County: Valley Mental Health at 284-4970 Utah County: Wasatch Mental Health at 373-4760 Weber County: Weber Mental Health at 625-3700
Dental:	Call Medicaid Information Line at 538-6155 or 1-800-662-9651 for more information.
Chiropractic:	Call Medicaid Information Line at 538-6155 or 1-800-662-9651 for more information.



Your Rights and Responsibilities

Know Your Rights

It will help you if you know the rules of your HMO plan before you use its medical services. Also, know your rights and responsibilities as a patient. You have a right to:

- see your primary care doctor.
- make a complaint or appeal a decision made by your HMO.
- request a formal hearing through Medicaid about problems with your HMO plan.
- be informed about medical services.
- make an informed decision about proposed medical services.
- privacy and confidentiality about your medical condition.

Know Your Responsibilities

- Keep your old Medicaid cards for at least one year for your protection. Medical providers usually have up to a year to bill.
- Check your Medicaid card to make sure all information is correct.
- Show your Medicaid card to your health care provider before you receive a service to make sure the provider accepts Medicaid and is a provider with your HMO.
- Before seeing other medical doctors, make sure that you follow the rules of your HMO about referrals to other providers. If you see a specialist without getting a referral, you may have to pay the bill.
- Use hospital emergency rooms, after-hours, and urgent care facilities for emergencies or urgent care only. If the visit is a non-emergency, you may have to pay the bill.